

MAY 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

14005

1. PLACE OF DEATH

County St. Clair Registration District No. 763
Township Chalkbrook Primary Registration District No. 6006
City Louisy City, Mo. (No. _____) St. _____ Ward _____

File No. _____

Registered No. 7

2. FULL NAME

Benhardt Kobelt.

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF — <u>Emma Kobelt.</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 12, 1872</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>6</u>
		DAYS
		<u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Marbach Switzerland
St. Gallen

13. NAME Ulrich Kobelt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marbach Switzerland

15. MAIDEN NAME Louise Weber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Balhar Switzerland

17. INFORMANT A. H. Schuander
(ADDRESS) Chalkbrook

18. BURIAL, CREMATION, OR REMOVAL buried (Loury City, Mo.) DATE 4/8/34

19. UNDERTAKER H. B. Austin
(ADDRESS) Louisy City, Mo.

20. FILED 4/8, 1934 Leo S. Wright
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/7/1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1934, to Apr 7, 1934

I last saw him alive on Apr 7, 1934. Death is said

to have occurred on the date stated above, at 12:25 AM.

The principal cause of death and related causes of importance were as follows:

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14005

St. Clair Co

WASHINGTON

7

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Ben Laedt Kobelt*
Who died at _____ on *Apr 7 - 1934*
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex *m* Color or race *W* Single, married, widowed or divorced: _____

Date of birth _____ Age: Years *61* Months *6* Days *25*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: *Lobar pneumonia fallowed on 6th* Month _____ Year _____
Birthplace (State or country) *day by meningitis*
Birthplace of father (State or country) *probably of pneumococci*
Birthplace of mother (State or country) *of origin*
Principal cause of death: *It was neither epidemic tuberculosis*

Other contributory causes of importance _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician *D. S. Wright*
Address of physician *Jefferson City Mo*
Signature of Registrar *Leo S. Wright* Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. *763*
Primary Reg. Dist. No. *6006*

E. T. McLaugh
Special Agent State Registrar

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR, FBI
SUBJECT: [Illegible]

DATE: [Illegible]

8-14-05

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